

My commission expires_

STATE OF TENNESSEE TITLE INSURANCE AGENCY APPLICATION

Department of Commerce & Insurance Agent Licensing Section 500 James Robertson Parkway Nashville, TN 37243-1134

\$110.00 Application Fee and Title Certification Form Required. FILING FEES ARE NONREFUNDABLE.

AGENCY ADDRESS Number and Street City County State Zip Code	FILING FEE	S ARE NONREFUNDABLE.			
The undersigned hereby applies for a certificate of authority for Title Insurance to the period of the companies of the authority for Title Insurance to the best of my knowledge and belief. Department use on the period of the companies for which the applicant is authorized to engage in the business of title insurance: Department use on the period of the companies for which the applicant is true and correct to the best of my knowledge and belief.					
FULL NAME OF AGENCY	The undersigned hereby app	lies for a certificate of authority fo		DVD A DG	
Number and Street City County State Zip Code TYPE OF AGENCY: Partnership Association Corporation Other Date applicant commenced doing business in Tennessee: Month Date Year List the names of all officers, directors, partners, principals, etc. (Attach additional sheet if needed) NAME POSITION (A) Have any of the officers, directors, partners, or principals ever held or now hold an insurance agent's license in this or any other state? Yes No - If yes, list states, type of license, lines of insurance, and last year licensed in each. (B) Have any of those individuals ever been refused or had suspended or revoked, an insurance license in any state? Yes No - If yes, give details. (C) Have any of those individuals ever been convicted of a criminal offense? Yes No - If yes, give complete informat (D) Are there any pending criminal charges against these individuals? Yes No - If yes, please explain. List all title insurance companies for which the applicant is authorized to engage in the business of title insurance: APPLICATIONS WILL NOT BE ACCEPTED UNLESS NOTARIZED AND ALL QUESTIONS ANSWERED IN FULL hereby certify that all information in this application is true and correct to the best of my knowledge and belief. APPLICATIONS WILL NOT BE ACCEPTED UNLESS NOTARIZED AND ALL QUESTIONS ANSWERED IN FULL hereby certify that all information in this application is true and correct to the best of my knowledge and belief. APPLICATIONS WILL NOT BE ACCEPTED UNLESS NOTARIZED AND ALL QUESTIONS ANSWERED IN FULL hereby certify that all information in this application is true and correct to the best of my knowledge and belief. APPLICATIONS WILL NOT BE ACCEPTED UNLESS NOTARIZED AND ALL QUESTIONS ANSWERED IN FULL hereby certify that all information in this application is true and correct to the best of my knowledge and belief. APPLICATIONS WILL NOT BE ACCEPTED WILESS NOTARIZED AND ALL QUESTIONS ANSWERED IN FULL hereby certify that all information in this application is	APPLICANT HISTORY			DEPART	MENT USE ONLY
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Title			Signature	of Agency Official	
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